Report on
Bureau of Community Mental Health and Bureau of Substance Abuse Services Merger Feasibility

by the

Integration Study Committee

July, 2002

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Introduction

The purpose of this study is to explore the feasibility of combining the Division of Supportive Living's Bureau of Community Mental Health and Bureau of Substance Abuse Services into a single Bureau which would be responsible for programs and clients in need of mental health and/or substance abuse services. A factor in the decision to study the possible consolidation of the two Bureaus at the current time is the fact that the Bureau Director positions of both bureaus are now vacant. Therefore, it is a good time to consider the option of combining the two Bureaus.

This is not the first time the design for these two Bureaus has been visited. In 1993 separate Bureaus were created for developmental disabilities, mental health and substance abuse programs in order to enhance the Department's ability to address these three programs in a more effective and efficient manner. They had been consolidated in the former Bureau of Community Programs, Division of Community Services. In 1996 the Directors of the Bureaus of Community Mental Health and Substance Abuse Services recommended that the Bureaus remain distinct in response to a reorganization proposal that would have merged the two Bureaus.

In order to conduct this study, the Administrator of the Division of Supportive Living (DSL) appointed a study team consisting of two staff members from the Bureau of Community Mental Health Services, two staff members from the Bureau of Substance Abuse Services, two staff members from the Division of Management and Technology, and one staff member from the Office of Strategic Finance. A staff member from the DSL Bureau of Quality Assurance was asked to chair the study team. In her charge to this study team, the DSL Division Administrator set out several expectations. One expectation was that the study group obtain input from staff, internal stakeholders and external stakeholders. Another expectation was that the study team consider the following perspectives:

- Similarities and differences of the client populations served by the two Bureaus
- Similarities and differences in the programs operated by the two Bureaus
- Future programmatic and clinical directions and best practices in the two fields
- Similarities and differences in the functional business practices of the two Bureaus
- Regulatory requirements and issues of the two Bureaus
- Funding and fiscal similarities and differences
- How the mental health and substance abuse programs of the federal government and other states are organized
- Pros and cons of consolidating or not consolidating the two Bureaus.

In addition, the DSL Division Administrator indicated that any consideration of the consolidation of the Bureau of Community Mental Health and the Bureau of Substance Abuse Services attempt to achieve the following goals:

- Be client focused
- Incorporate consumer directed outcomes
- Incorporate a strong focus on strategic planning
- Incorporate a strong focus on program quality, research and innovation

- Provide the capacity for undertaking special initiatives such as the Mental Health/Substance Abuse Redesign and development of the Coordinated Services Approach.

The DSL Division Administrator also asked that the study be completed by July of 2002 in order that a decision on whether or not to consolidate the two Bureaus could be made quickly in order to minimize the uncertainty and disruption among staff, partners, and constituency groups.

Persons assigned to the study group were the following:

- Mark Hale, Bureau of Quality Assurance (chair)
- Rebecca Cohen, Bureau of Community Mental Health
- Sally Raschick, Bureau of Community Mental Health
- Sue Gadacz, Bureau of Substance Abuse Services
- Oren Hammes, Bureau of Substance Abuse Services
- Jayne Grant, Division of Management and Technology
- Rich Kreklow, Division of Management and Technology
- Bob Wagner, Office of Strategic Finance

Study Approach

The study team's approach to this study involved a number of activities. The first activity was to review how mental health and substance abuse services were organized at the federal level and in several other states.

Several activities were then undertaken to get input from staff, internal stakeholders, and external stakeholders. First, a survey was conducted to get input from as many staff and internal and external stakeholders as possible. This survey asked respondents to identify compelling reasons for maintaining separate Bureaus, compelling reasons for merging the Bureaus, the most significant challenges that would be presented if the two Bureaus were merged, and the overall level of support, or lack of support, for merging the two Bureaus. Respondents were also asked to consider the implications for mental health and substance abuse clients, programmatic and clinical directions in the two fields, the impact on the 51 Board delivery system, and the implications for service providers in their responses. A copy of the survey is attached as Appendix A (page 12).

The study team also conducted structured interviews with several key stakeholder groups to get their input. In addition to the survey questions asked of all staff and internal and external stakeholders, these groups were asked a number of additional questions. These questions solicited information on similarities and differences of mental health and substance abuse programs and clients, programmatic and clinical directions, funding sources and processes, regulatory practices, business practices, the impact on mental health and substance abuse advocacy activities, etc. A copy of the outline used to guide these interviews is attached as Appendix B (page 18).

Finally, members of the study team held a feedback session with members of the stakeholder groups and other interested persons to present information on the survey responses received to date, answer questions, and obtain additional input.

After obtaining input from staff and internal and external stakeholders, the study team analyzed and considered the information received and discussed the advantages and disadvantages of consolidating the Bureau of Community Mental Health and the Bureau of Substance Abuse Services. The study team also considered the initial goals of achieving a focus on clients, use of consumer directed outcomes, achieving a focus on strategic planning, achieving a focus on program quality, research and innovation, and developing a capacity for undertaking special initiatives. Organizational options were identified and the pros and cons of these options were considered. The study team then developed their recommendations and presented them to the DSL Division Administrator.

Survey Results

A survey was conducted to get input from as many staff and internal and external stakeholders as possible. The survey asked respondents to identify compelling reasons for maintaining separate Bureaus of Community Mental Health and Substance Abuse Services, compelling reasons for merging the Bureaus, the most significant challenges that would be presented if the two Bureaus were merged, and the overall level of support for merging the two Bureaus. There were 35 responses to the survey; 20 from external stakeholders, 13 from internal stakeholders, and two from Bureau staff (staff responses from each Bureau were compiled into a combined response). Appendix C (page 21) presents the results for each question from staff and internal and external stakeholders.

The following reasons were listed by 40 percent or more of all respondents as reasons for maintaining separate Bureaus of Community Mental Health and Substance Abuse Services:

- Different treatment approaches and modalities.
- Equal visibility and attention for both.
- Different provider networks and constituency.
- Differences in clients and their needs.

The following reasons were listed by 30 percent or more of all respondents as reasons for merging the Bureau of Community Mental Health and the Bureau of Substance Abuse Services.

- Better utilization of staff/reduced duplication.
- Improved services to individuals with co-occurring disorders using integrated treatment approaches
- Increase coordination/integration between Mental Health and Substance Abuse Programs.

The following reasons were listed by 30 percent or more of all respondents as the most significant challenges the process of merging the Bureau of Community Mental Health and the Bureau of Substance Abuse Services would present:

- Integrate current functions to operate cohesively.
- Acceptance from external stakeholders.
- Overcoming staff resistance to change.
- Recognize, maintain different treatment modalities.
- Assuring that Mental Health and Substance Abuse priorities are maintained.

Overall, 57 percent of respondents disagreed or strongly disagreed that the two bureaus should be merged, 22 percent of respondents agreed with the merger idea, and 21 percent had no opinion. External substance abuse partners were more likely to disagree with the merger idea than were external mental health partners. Staff were also more likely to disagree, particularly substance abuse staff. While, overall, internal partners disagreed with the merger idea, they were more evenly divided on the issue than were external partners and staff.

Stakeholder Interviews

A series of supplemental questions listed in Appendix B (page 18) were provided to a representative number of external stakeholders identified by the Bureau of Community Mental Health and the Bureau of Substance Abuse Services. The purpose of the interviews was to assist the committee in the study of similarities and differences of the client populations, programmatic issues, clinical directions, functional practices, funding/fiscal issues, regulatory requirements and best practices. There were 14 stakeholder groups interviewed in ten interview sessions between May 10, 2002 and May 31, 2002. All stakeholders interviewed were asked to respond to all questions and later prioritize their top three responses within each category. Interview summary comments were listed on flip charts and reviewed with participants to assure an accurate representation of their responses to each question were documented.

A limited number of the stakeholders interviewed actually participated in more than one session as a result of their involvement in mental health and substance abuse service provision and their involvement as representatives of multiple key stakeholder groups. A common statement from participants in the interview process was that they had difficulty answering some of the questions due to lack of experience or knowledge of the bureau they were not routinely affiliated with. Feedback provided the committee from stakeholders that participated was indicative of support of the overall process and appreciation for involvement of stakeholders in the interview process.

Appendix D (page 29) presents the detailed results for each question from external stakeholders interviewed. The top 3 (4 if there were percentage ties) endorsed statements are summarized below.

Describe key similarities in populations served by BCMH and BSAS	**Describe critical differences in populations served by BCMH and BSAS**
a. Dual-diagnosis/co-occurring conditions b. Stigma c. Poverty, under-served, victimization Representative percent involved with the criminal justice system	a. Treatment philosophy and regimes b. Prevalence/severity of mental illness c. Causation/precipitating factors
Describe parallels or similarities between programs offered or encouraged by BCMH and BSAS	**Describe substantial differences in programs offered or encouraged by BCMH and BSAS**
a. Treatment options recovery oriented b. Wraparound concept c. Dual diagnosis/co-occurring conditions	a. Treatment/recovery philosophies b. Special populations served by each bureau c. Support of family more Mental Health oriented vs. community support for AODA
Describe how future programming would be encouraged or more compatible under a single bureau.	**Describe how future programming would be encouraged more efficiently through distinct bureaus**
a. Dual diagnosis service provision b. Leadership critical for success c. More creative services and treatment	a. Will still be issues that need cooperation. b. Funding still more efficient c. Quality treatment options more available
Describe benefits to organizations if business practices were streamlined under one bureau	**Please identify business practices that need to remain distinct**
a. No benefits foreseen b. Streamlining or simplifying reports c. Information exchange	a. Staff knowledge and training is specialized b. Services and advocacy would be diluted if merged c. Too tough to split services d. Won't create efficiencies
Explain funding practice similarities in services offered or encouraged by BCMH and BSAS	**Explain funding practice differences in services offered or encouraged by BCMH and BSAS**
a. Grant writing opportunities b. Not sure/turf impact c. Community aids d. Government funding	a. Unique funding by services b. Medicaid c. Block grants

In what way might advocacy improve with merger?	In what way might advocacy be negatively impacted by merger?
a. Strength in numbers b. AODA could benefit from mental health experiences c. May not improve at all	a. Parity of priorities b. Identity loss by AODA or MH c. The number of issues to address
How might the regulatory component improve with merger?	**Would there be any negative regulatory impact with merger?**
a. Standards consistent/integrated b. Mental Health would have faster rule revisions c. Certification/licensure of staff more consistent	a. Reduced quality if combined b. Lose distinctions that are important c. Impact on staffing and certification

Most Significant Challenges of the Integration/Merger Process

The study group was assigned the task of soliciting feedback about potential challenges merger would present. Following are challenges that have been identified.

1. Leadership of a single Bureau would need to demonstrate expertise and knowledge of critical factors in the delivery system for mental health **and** substance abuse.

2. Continue to involve stakeholders in the process. This study confirmed that stakeholder knowledge of both mental health and substance abuse is lacking. In order to achieve success the walls that separate the fields of mental health and substance abuse must be carefully diminished.

3. Continue to involve staff in the process. Only through increased knowledge and involvement will staff embrace integration concepts. Furthermore, staff involvement in the process would increase the likelihood that services would be maintained uninterrupted or disrupted in any integration process.

4. Involve representatives from the Division of Health Care Financing. A plan for consistent funding across mental health and substance abuse services is imperative.

5. Any future discussion regarding either increased integration or merger must seriously address the perception of shortages of resources in the Bureaus. Expert teams with adequate depth to maintain current functions and develop future strategies would be critical to any integration activity.

6. Reassess the strategic plans and mission for provision of services to mental health and substance abuse consumers.

7. Adequate time must be allowed to gather information from the limited number of states that have integrated mental health and substance abuse services in order to avoid dangerous transition pitfalls. Our hope is that Wisconsin could demonstrate leadership in integration processes and ally with advocates and consumers for quality care.

8. Involve representatives from the Division of Care and Treatment Facilities (DCTF) as well as the Division of Children and Family Services. Common patient populations may justify a shared vision for service provision.

9. Focus on a review of research literature to assist in the planning for the treatment of co-occurring conditions.

10. The current budget deficit is of significant concern. Merger of the Bureau of Community Mental Health and the Bureau of Substance Abuse Services should not be viewed as an opportunity for staff reduction at a time when staff resources are quite limited. Currently the Bureau of Community Mental Health has a 29% vacancy rate and the Bureau of Substance abuse Services has a 5% vacancy rate. This compares to an overall Department vacancy rate of 10%.

Options

The Committee considered several options for consolidating the Bureau of Community Mental Health and the Bureau of Substance Abuse Services. These included:

a. Maintaining BCMH and BSAS as separate bureaus, with few or no changes.
b. Maintaining separate bureaus, with increased coordination and collaboration.
c. Merging the bureaus now.
d. Delaying the merger until some time in the future.
e. Considering other approaches to reorganization, by aligning/merging BCMH and/or BSAS with other units in the Department (for example, the Division of Care and Treatment Facilities).

After some discussion of these different possibilities, the Committee narrowed the focus of its deliberations and data-gathering efforts to two options:

Option 1. Merge BCMH and BSAS into a single bureau.
Option 2. Maintain BCMH and BSAS as separate bureaus, with increased coordination and collaboration.

These options appeared to best reflect the Administrator's charge to the study team.

Recommendations

Recommendation 1 -- *The Committee recommends Option 2, which is to maintain the Bureau of Community Mental Health and the Bureau of Substance Abuse Services as separate bureaus, with increased coordination and collaboration.*

This recommendation is based on the results of the survey of staff, internal stakeholders and external stakeholders, the structured interviews with key stakeholder groups, and the Committee's deliberations. This decision is not meant to preclude the merger of BCMH and BSAS at some future time. Individuals and agencies offered many thoughtful and persuasive comments related to a possible merger of BCMH and BSAS and identified many different reasons to support or to oppose the merger.

Among the arguments advanced in support of merger were the following:

- More effective treatment and support for clients, especially those with co-occurring disorders. This would presumably result from better integration and coordination of services, a more holistic approach focusing on the total needs of the individual rather than on mental health and substance abuse needs separately, and new or enhanced service opportunities.

- The need to navigate only one service system, rather than two.

- Reduced costs and more efficient operations, due to reduced duplication, sharing resources and administrative activities, better use of staff time, and greater consistency between programs.

- The opportunity for mental health and substance abuse professionals to put aside their professional differences and enhance their expertise by taking part in more cross-discipline education and training and increased opportunities to work together on collaborative initiatives.

A more complete list of the views in support of merger, as well as the views against merger, is presented in Appendix E (page 32).

The majority of the Committee believes however, that Option 2, which is to maintain the Bureau of Community Mental Health and the Bureau of Substance Abuse Services as separate bureaus with increased coordination and collaboration, is the best course of action at this time. The following section summarizes the Committee's rationale for this recommendation.

Rationale for Recommending Option 2

Substantial resistance from internal and external partners and staff makes a merger inadvisable at this time. The results of both the written survey and oral interviews indicate that external and internal partners of both BCMH and BSAS tend to oppose the merger. Fifty-seven percent of all respondents disagreed or strongly disagreed that BCMH and BSAS should be merged. This opposition was especially strong among substance abuse staff and external substance abuse partners.

Eighty-six percent of the external substance abuse partners who were surveyed disagreed or strongly disagreed that the bureaus should be merged, compared to 39% of the mental health external partners.

Ninety-three percent of the substance abuse staff disagreed or strongly disagreed that the merger should take place, compared to 33% of the mental health staff.

Overall, only 22% of all respondents agreed or strongly agreed that the merger should take place. Twenty-one percent of all respondents expressed no opinion.

The Committee believes that having asked stakeholders and staff for their opinion, it is important to honor and validate their input.

In addition, there is uncertainty and even disagreement about what would be gained from a merger. The Committee received a good deal of conflicting input about what the effects of a merger would be. Staff and constituents identified a number of potential benefits of merger, yet in many cases there are compelling counter-arguments. The Committee was not able to examine this issue conclusively, given the scope and timeframe of this effort.

Only seven states (14%) have a system that integrates mental health and substance abuse. At the federal level, and in most states that combine these areas, mental health and substance abuse come together at a higher organizational level, at the Departmental or Division level. In Wisconsin, fifty-two counties (72%) have a merged system. However, while most of these counties have one individual who oversees both areas (either a MH/AODA Coordinator or a Director of MH/AODA Services), they generally have separate sections, staff and budgets for each area. Thus a system which merges mental health and substance abuse is not universally preferred. And where integration exists, it does not necessarily exist at all organizational levels.

There are some real and legitimate differences between the mental health and substance abuse areas, as well as sincere professional concerns. Some individuals have suggested that merging BCMH and BSAS might provide the incentive needed for the AODA and mental health communities to put aside professional differences and work toward common interests. It is the Committee's judgment, however, that the level of resistance that currently exists could jeopardize the success of a merger if it were to occur now. Overcoming professional differences and working towards common interests should be a priority whether or not a merger occurs.

Recommendation 2 -- *The Committee recommends that the two Bureaus continue their work on current joint initiatives, and that the leadership of BCMH and BSAS seek additional opportunities for coordination and collaboration.*

The Committee identified several current initiatives that involve coordination and collaboration between BCMH and BSAS. It may be possible to enhance or build on these efforts. Current initiatives include:

- MH/AODA Redesign;
- the Coordinated Services Team Initiative;
- review and revision of rules and regulations and standards in many service delivery areas;
- efforts to improve services to women, children and families;
- efforts to improve services to persons involved in the criminal justice system (e.g., the Criminal Justice Sub-committee of the Mental Health Council);
- development and implementation of the Healthy People 2010 Initiative.

There are also areas in which new initiatives could be developed. Stakeholders and staff representing both mental health and substance abuse repeatedly identified the need to improve the integration of treatment services for clients with co-occurring disorders. A short list of other issues and program areas in which collaborative efforts could prove fruitful includes:

- prevention and early intervention across the life cycle,
- mental health and substance abuse issues that affect child-bearing women during the pre-natal and post-natal periods, as well as those affecting all women during other stages of the life cycle;
- examining the role that mental illness and/or substance abuse disorders play in areas such as domestic abuse or child abuse and neglect, and ways in which mental health and substance abuse professionals might contribute to initiatives in these areas.

There is a clear need for improved cross-discipline education and training. One way to foster such education might be through the formation of cross-Bureau or in some cases cross-Divisional work teams to address targeted populations or issues.

In the current budget environment, it is important for BCMH and BSAS to identify ways to coordinate administrative activities in order to make the most of scarce resources. Committee members have suggested a number of activities on which the Bureaus might combine their efforts. Administration and Bureau Directors may wish to consider and prioritize, with staff input, the following suggested areas of coordination:

- program development,
- strategic planning,
- program planning,
- block grant planning and implementation,
- contract monitoring,
- purchasing activities,
- budget development and planning,
- development of standards,
- meeting information technology needs,
- outcome and systems development,
- data collection, analysis and evaluation, and program evaluation,
- staffing the advisory councils, and
- public education and awareness.

One approach to accomplishing this increased coordination is for the leadership of BCMH and BSAS to meet regularly, to define a priority agenda for coordination and collaboration and to initiate efforts in these priority areas. Another suggestion is to establish a leadership team that would have the assignment of maintaining current business stability as well as the development of a strategic plan for building on common ground.

Closing Comments

The Integration Study Committee wishes to thank the Division of Supportive Living Division Administrator's office for the interest and support for this study. The committee is also very appreciative of the interest and participation of internal and external stakeholders and staff in the feasibility study process. We recognized a substantial interest in provision of quality services for mental health and substance abuse clientele.

Appendix A – Survey of Staff, Internal Stakeholders and External Stakeholders

DSL INFO MEMO
April 30, 2002

To: Key Constituency Groups in Mental Health and Substance Abuse

From: Sinikka McCabe
Administrator

Re: Announcement of a Feasibility Study to merge the Bureau of Community Mental Health and the Bureau of Substance Abuse Services

The Division of Supportive Living (DSL) has a unique opportunity to evaluate organizational structure options for the Bureau of Community Mental Health (BCMH) and the Bureau of Substance Abuse Services (BSAS). This opportunity arose as a result of leadership changes in both Bureaus. Detailed information about the leadership changes was provided in DSL Memorandums in February 2002.

In recognition of the diverse opinions and the complexity of the issues facing these two bureaus, I have authorized the creation of a cross-functional team to:

1. Gather information from key internal and external constituency stakeholders to:
   - Identify compelling reasons for consolidating the Bureau of Community Mental Health and the Bureau of Substance Abuse Services.
   - Identify compelling reasons for maintaining separate Bureaus of Community Mental Health and Substance Abuse Services
   - Identify possibilities for blending the bureaus in a new and creative way
2. Analyze the information and develop "best fit" recommendation(s)

The team will explore the similarities and differences of the client populations, programmatic issues, clinical directions, functional practices, funding/fiscal issues, regulatory requirements, and best practices.

An important task in the feasibility study is to gather information from key constituency groups in mental health and substance abuse. The team will conduct a combination of interviews and surveys to gather information. The attached list (Attachment 1) denotes the organizations and the method the team plans to use to gather information. Please contact Mark Hale if you feel we should make any additions or changes to our list.

If you or your organization is listed as a survey site, please complete the attached survey (Attachment 2) and return it to Mark Hale no later than May 24, 2002.

Following the data gathering process, the team will analyze the information and present the summary of survey responses on June 13, 2002 beginning at 10:00 a.m. at the Coalition of Wisconsin Aging Groups, 2850 Dairy Drive in Madison. You are invited to attend this feedback

session. Please RSVP to Mark Hale by June 7th so a preliminary count of participants may be established for seating arrangements and for copies of printed material.

The target for completion of this effort will be summer 2002. The team is comprised of: Mark Hale, Bureau of Quality Assurance (chair), Rebecca Cohen and Sally Rashick, BCMH, Sue Gadacz and Oren Hammes, BSAS, Jayne Grant and Richard Kreklow, Division of Management and Technology, and Bob Wagner from the Office of Strategic Finance.

Please direct your questions to:

CENTRAL OFFICE CONTACT:

Mark Hale
Supervisor, Program Certification Unit
Bureau of Quality Assurance
Phone: (608) 266-0120
Fax: (608) 266-5466
Halemd@dhfs.state.wi.us

MEMO WEB SITE http://www.dhfs.state.wi.us/

Note: Coalition of Wisconsin Aging Groups
2850 Dairy Drive, Suite 100
Madison, WI 53718-6751
(608) 224-0607

From Hwy 12 & 18 West Beltline exit Stoughton Road North. Go to Pflaum Road (by Wendy's). Turn right and proceed to Dairy Drive. Turn right. The Coalition of Wisconsin Aging Groups is the second building after the Second Harvest Food Bank.

Attachment 1

List of Individuals/Organizations to be Contacted to Assess the Feasibility of Merging the Division of Supportive Living's Bureau of Community Mental Health and Bureau of Substance Abuse Services

Organization/Individual Name	Information Gathering Method
BRC-IAC	Survey form
Dane County Dept. of Human Services	Survey form
Department of Corrections	Survey form
Families United	Survey form
Grassroots Empowerment Project	Interview
Great Lakes Addiction Technology Transfer Center	Survey form
Great Lakes Intertribal Council	Survey form
IMPACT-Alcohol and Drug Abuse	Survey form
Inter-Cities Council on Substance Abuse	Survey form
Juvenile Justice Project	Survey form
Kenosha County Human Services Dept.	Survey form
Mental Health Association of Milwaukee	Survey form
MH, AODA and Aging Coalition	Interview
Milwaukee County Mental Health Association	Survey form
Milwaukee Innercity Congregations Allied for Hope	Interview
Minority Training Project	Survey form
NAMI of Wisconsin	Interview
North Woods Guidance Center, HSC Forest Oneida & Vilas Co.	Survey form
STAR—Volunteer women in recovery	Interview
The Foundation for Addiction Research And Education, Ltd.	Interview
The State Council on Alcohol and Other Drug Abuse	Interview
The Wisconsin Certification Board	Interview
Wisconsin Alcohol and Drug Treatment Providers Association	Survey form
Wisconsin Association for Alcohol and Drug Abuse Counselors	Survey form
Wisconsin Association on Alcohol and Other Drug Abuse	Survey form
Wisconsin Association of Outpatient Mental Health Services	Survey form
Wisconsin Coalition for Advocacy	Interview
Wisconsin Council on Children and Families	Survey form

Wisconsin Council on Mental Health	Interview
Wisconsin Counties Association	Survey form
Wisconsin County Homes Association	Survey form
Wisconsin County Hospitals Association	Survey form
Wisconsin County Human Service Association MH-TAC	Interview
Wisconsin County Human Service Association AODA-TAC	Interview
Wisconsin Family Ties	Interview
Wisconsin Hospital Association	Survey form
Wisconsin Women's Education Network	Interview

Attachment 2

Survey of the Feasibility of Merging the
Division of Supportive Living's Bureau of Community Mental Health
and Bureau of Substance Abuse Services

The Division of Supportive Living is exploring the feasibility of merging the Bureau of Community Mental Health and the Bureau of Substance Abuse Services into a single Bureau. We would like your views and input as we consider this possibility. We are especially interested in:

1. What you feel are compelling reasons for maintaining separate Bureaus.

2. What you feel are compelling reasons for consolidating the Bureau of Community Mental Health and the Bureau of Substance Abuse Services.

3. What the most significant challenges would be if it were decided to consolidate the two Bureaus.

As you address these three questions, please consider the implications for mental health and substance abuse clients, programmatic and clinical directions in the two fields, the impact on the 51 Board delivery systems, and the implications for service providers.

We request you limit your response to two pages. Please complete the attached survey and mail it, by May 24, to:

Mark Hale M.S.S.W.
Supervisor, Program Certification Unit
1 West Wilson Street, Room 1050
P.O. Box 2969
Madison, WI 53701-2969

Thank you for your assistance.

Survey of the Feasibility of Merging the
Division of Supportive Living's Bureau of Community Mental Health
and Bureau of Substance Abuse Services

Name: _____ Phone:_____

Organization Represented: _____

1. Please list compelling reasons for maintaining separate Bureaus of Community Mental Health and Substance Abuse Services.

2. Please list compelling reasons for merging the Bureau of Community Mental Health and the Bureau of Substance Abuse Services.

3. Please list the most significant challenges the process of merging the Bureau of Community Mental Health and the Bureau of Substance Abuse Services would present.

4. Please review the following statement and circle the response that most represents your position on the concept of merger.

> The Division of Supportive Living should merge the Bureau of Community Mental Health and the Bureau of Substance Abuse Services into a single Bureau.

A) Strongly Agree B) Agree C) No Opinion D) Disagree E) Strongly Disagree

BCMH/BSAS
Merger Feasibility Committee
Supplemental Interview Questions

We recognize there are potentially diverse opinions specific to the concept merger of the Bureau of Community Mental Health and the Bureau of Substance Abuse Services. Please respond to the following questions based on your experience with the services offered by the bureaus.

Currently the provision of mental health and substance abuse services is encouraged through two distinct bureaus within the Division of Supportive Living. In terms of the populations served, please respond to the following:

1. Please describe key similarities that may exist in populations served by the Bureau of Community Mental Health and the Bureau of Substance Abuse Services.

2. Please describe critical differences that may exist in populations served by the Bureau of Community Mental Health and the Bureau of Substance Abuse Services.

3. I am unable to comment on populations similarities or differences.

Please respond to the following based on your knowledge of programs/services offered by the Bureau of Community Mental Health or the Bureau of Substance Abuse Services.

1. What parallels or similarities are you able to identify between programs offered/encouraged by the Bureau of Community Mental Health and the Bureau of Substance Abuse Services?

2. Are there substantial differences in programs offered/encouraged by the Bureau of Community Mental Health and the Bureau of Substance Abuse Services? Please describe the areas of difference.

3. I am unable to comment on programs/services offered by either bureau.

Please answer the following based on you knowledge and experience with programming offered/encouraged by the Bureau of Community Mental Health or Bureau of Substance Abuse Services.

1. Do you for-see future programming or clinical services being offered or encouraged in a compatible manner under a single bureau? If so, please describe how that might happen.

2. Do you for-see future programming or clinical services being offered or encouraged more efficiently through distinct bureaus? If so, please describe how that might happen.

3. I am unable to comment on future programmatic issues.

Please address the following based on your experience with the business practices of the Bureau of Community Mental Health and/or the Bureau of Substance Abuse Services.

1. Would there be benefits to your organization if the business practices were streamlined under one bureau?

2. Do you believe there are specific business practices that need to remain distinct in the Bureau of Community Mental Health or Bureau of Substance Abuse Services? If so please identify the practices.

3. I am unable to comment on the business practice issues.

Please address the following based on your experience in funding practices of the Bureau of Community Mental Health and/or the Bureau of Substance Abuse Services.

1. Please explain funding process similarities you perceive exist in services offered or encouraged by the Bureau of Community Mental Health and the Bureau of Substance Abuse Services.

2. Please explain funding process differences you perceive exist in services offered or encouraged by the Bureau of Community Mental Health and the Bureau of Substance Abuse Services.

3. I am unable to comment on the funding process similarities or differences.

Please respond to the following based on your knowledge and experiences with advocacy issues as it relates to the Bureau of Community Mental Health and the Bureau of Substance Abuse Services.

1. In what way might the advocacy for mental health or substance abuse services improve if the Bureau of Community Mental Health and Bureau of Substance Abuse Services were merged?

2. In what way might the advocacy for mental health or substance abuse services be negatively impacted if the Bureau of Community Mental Health and Bureau of Substance Abuse Services were merged?

3. I am unable to comment on the impact a merger would have on advocacy issues.

Please respond to the following based on your experience with regulatory issues as they impact the Bureau of Community Mental Health and the Bureau of Substance Abuse Services.

1. How might the regulatory component improve if the Bureau of Community Mental Health and Bureau of Substance Abuse Services were merged?

2. Would there be any negative regulatory impact if the Bureau of Community Mental Health and Bureau of Substance Abuse Services were merged?

3. I am unable to comment on the impact on regulatory issues if the Bureau of Community Mental Health and the Bureau of Substance Abuse Services were merged.

Appendix C – Results of Survey of Staff, Internal Partners and External Partners

All Respondents (N = 35)

Please list compelling reasons for maintaining separate Bureaus of Community Mental Health and Substance Abuse Services:

	Number	Percent
Different treatment approaches and modalities	17	48.6%
Equal visibility and attention for both	16	45.7%
Different provider networks and constituency	16	45.7%
Differences in clients and their needs	14	40.0%
Maintain organizational visibility and status	11	31.4%
Avoid diverting resources from one program to the other	9	25.7%
Difficult for one bureau director to lead both	5	14.3%
Avoid disruption in reorganization	3	8.6%

Please list compelling reasons for merging the Bureau of Community Mental Health and the Bureau of Substance Abuse Services:

Better utilization of staff/reduced duplication	23	65.7%
Individuals with co-occurring disorders/joint treatment approaches	18	51.4%
Increase coordination/integration between MH/AODA programs	11	31.4%
Opportunities to broaden program approaches	7	20.0%
Better coordination/integration with counties	5	14.3%
Similarities in funding sources (e.g. Federal Block Grants)	5	14.3%
Promote uniformity in approaches	4	11.4%
Merger supports MH/AODA redesign initiative	3	8.6%
Benefits for clients, better services, etc.	3	8.6%
Could develop managed care approach involving both programs	2	5.7%
Prevention efforts could cut across both MH/AODA	1	2.9%

Please list the most significant challenges the process of merging the Bureau of Community Mental Health and the Bureau of Substance Abuse Services would present:

How to integrate current functions to operate cohesively	14	40.0%
Acceptance from external stakeholders	14	40.0%
Overcoming staff resistance to change	12	34.3%
Recognize, maintain different treatment modalities	11	31.4%
Assuring that MH and AODA priorities are maintained	11	31.4%
Maintain program expertise and credibility in both areas	8	22.9%
Difficult for administrator to administer both	8	22.9%
Assure that both MH/AODA receive appropriate funding	7	20.0%
Assuring that both have adequate management attention	6	17.1%
Time and disruption of reorganizing	4	11.4%
Recognizing differences in clients and client needs	4	11.4%
Loss of specialization, expertise and organizational memory	2	5.7%
Assuring strong planning and data capabilities	1	2.9%

The Division of Supportive Living should merge the Bureau of Community Mental Health and the Bureau of Substance Abuse Services into a single Bureau:

	Number	Percent
Strongly Agree	3	5.4%
Agree	9	16.1
No Opinion	12	21.4
Disagree	10	17.9
Strongly Disagree	22	39.3
Total	56	100%

External Partners (N = 20)

Please list compelling reasons for maintaining separate Bureaus of Community Mental Health and Substance Abuse Services:

	Number	Percent
Different treatment approaches and modalities	13	65.0%
Equal visibility and attention for both	8	40.0%
Different provider networks and constituency	8	40.0%
Differences in clients and their needs	9	45.0%
Maintain organizational visibility and status	5	25.0%
Avoid diverting resources from one program to the other	6	30.0%
Difficult for one bureau director to lead both	1	5.0%
Avoid disruption in reorganization	2	10.0%

Please list compelling reasons for merging the Bureau of Community Mental Health and the Bureau of Substance Abuse Services:

Better utilization of staff/reduced duplication	11	55.0%
Individuals with co-occurring disorders/joint treatment approaches	10	50.0%
Increase coordination/integration between MH/AODA programs	6	30.0%
Opportunities to broaden program approaches	4	20.0%
Better coordination/integration with counties	1	5.0%
Similarities in funding sources (e.g. Federal Block Grants)	3	15.0%
Promote uniformity in approaches	2	10.0%
Merger supports MH/AODA redesign initiative	0	0.0%
Benefits for clients, better services, etc.	2	10.0%
Could develop managed care approach involving both programs	1	5.0%
Prevention efforts could cut across both MH/AODA	1	5.0%

Please list the most significant challenges the process of merging the Bureau of Community Mental Health and the Bureau of Substance Abuse Services would present:

How to integrate current functions to operate cohesively	6	30.0%
Acceptance from external stakeholders	5	25.0%
Overcoming staff resistance to change	6	30.0%
Recognize, maintain different treatment modalities	10	50.0%
Assuring that MH and AODA priorities are maintained	7	35.0%
Maintain program expertise and credibility in both areas	4	20.0%
Difficult for administrator to administer both	4	20.0%
Assure that both MH/AODA receive appropriate funding	3	15.0%
Assuring that both have adequate management attention	2	10.0%
Time and disruption of reorganizing	3	15.0%
Recognizing differences in clients and client needs	3	15.0%
Loss of specialization, expertise and organizational memory	1	5.0%
Assuring strong planning and data capabilities	1	5.0%

The Division of Supportive Living should merge the Bureau of Community Mental Health and the Bureau of Substance Abuse Services into a single Bureau:

	Number	Percent
Strongly Agree	1	5.0%
Agree	4	20.0
No Opinion	4	20.0
Disagree	3	15.0
Strongly Disagree	8	40.0
Total	20	100%

External Mental Health Partners (N = 13)

Please list compelling reasons for maintaining separate Bureaus of Community Mental Health and Substance Abuse Services:

	Number	Percent
Different treatment approaches and modalities	7	53.8%
Equal visibility and attention for both	4	30.8%
Different provider networks and constituency	5	38.5%
Differences in clients and their needs	4	30.8%
Maintain organizational visibility and status	1	7.7%
Avoid diverting resources from one program to the other	4	30.8%
Difficult for one bureau director to lead both	1	7.7%
Avoid disruption in reorganization	1	7.7%

Please list compelling reasons for merging the Bureau of Community Mental Health and the Bureau of Substance Abuse Services:

Better utilization of staff/reduced duplication	9	69.2%
Individuals with co-occurring disorders/joint treatment approaches	9	69.2%
Increase coordination/integration between MH/AODA programs	5	38.5%
Opportunities to broaden program approaches	3	23.1%
Better coordination/integration with counties	1	7.7%
Similarities in funding sources (e.g. Federal Block Grants)	2	15.4%
Promote uniformity in approaches	1	7.7%
Merger supports MH/AODA redesign initiative	1	7.7%
Benefits for clients, better services, etc.	1	7.7%
Could develop managed care approach involving both programs	1	7.7%
Prevention efforts could cut across both MH/AODA	0	0.0%

Please list the most significant challenges the process of merging the Bureau of Community Mental Health and the Bureau of Substance Abuse Services would present:

How to integrate current functions to operate cohesively	5	38.5%
Acceptance from external stakeholders	3	23.1%
Overcoming staff resistance to change	4	30.8%
Recognize, maintain different treatment modalities	6	46.2%
Assuring that MH and AODA priorities are maintained	4	30.8%
Maintain program expertise and credibility in both areas	2	15.4%
Difficult for administrator to administer both	3	23.1%
Assure that both MH/AODA receive appropriate funding	2	15.4%
Assuring that both have adequate management attention	0	0.0%
Time and disruption of reorganizing	1	7.7%
Recognizing differences in clients and client needs	2	15.4%
Loss of specialization, expertise and organizational memory	0	0.0%
Assuring strong planning and data capabilities	0	0.0%

The Division of Supportive Living should merge the Bureau of Community Mental Health and the Bureau of Substance Abuse Services into a single Bureau:

	Number	Percent
Strongly Agree	1	7.7%
Agree	4	30.8
No Opinion	3	23.1
Disagree	2	15.4
Strongly Disagree	3	23.1
Total	13	100%

External Substance Abuse Partners (N = 7)

Please list compelling reasons for maintaining separate Bureaus of Community Mental Health and Substance Abuse Services:

	Number	Percent
Different treatment approaches and modalities	6	85.7%
Equal visibility and attention for both	4	57.1%
Different provider networks and constituency	3	42.9%
Differences in clients and their needs	5	71.4%
Maintain organizational visibility and status	4	57.1%
Avoid diverting resources from one program to the other	2	28.6%
Difficult for one bureau director to lead both	0	0.0%
Avoid disruption in reorganization	1	14.3%

Please list compelling reasons for merging the Bureau of Community Mental Health and the Bureau of Substance Abuse Services:

Better utilization of staff/reduced duplication	2	28.6%
Individuals with co-occurring disorders/joint treatment approaches	1	14.3%
Increase coordination/integration between MH/AODA programs	1	14.3%
Opportunities to broaden program approaches	1	14.3%
Better coordination/integration with counties	0	0.0%
Similarities in funding sources (e.g. Federal Block Grants)	1	14..3%
Promote uniformity in approaches	1	14.3%
Merger supports MH/AODA redesign initiative	0	0.0%
Benefits for clients, better services, etc.	1	14.3%
Could develop managed care approach involving both programs	0	0.0%
Prevention efforts could cut across both MH/AODA	1	14.3%

Please list the most significant challenges the process of merging the Bureau of Community Mental Health and the Bureau of Substance Abuse Services would present:

How to integrate current functions to operate cohesively	1	14.3%
Acceptance from external stakeholders	2	28.6%
Overcoming staff resistance to change	2	28.6%
Recognize, maintain different treatment modalities	4	57.1%
Assuring that MH and AODA priorities are maintained	3	42.9%
Maintain program expertise and credibility in both areas	2	28.6%
Difficult for administrator to administer both	1	14.3%
Assure that both MH/AODA receive appropriate funding	1	14.3%
Assuring that both have adequate management attention	2	28.6%
Time and disruption of reorganizing	2	28.6%
Recognizing differences in clients and client needs	1	14.3%
Loss of specialization, expertise and organizational memory	1	14.3%
Assuring strong planning and data capabilities	0	0.0%

The Division of Supportive Living should merge the Bureau of Community Mental Health and the Bureau of Substance Abuse Services into a single Bureau:

	Number	Percent
Strongly Agree	0	0.0%
Agree	0	0.0
No Opinion	1	14.3
Disagree	1	14.3
Strongly Disagree	5	71.4
Total	7	100%

Internal Partners (N = 13)

Please list compelling reasons for maintaining separate Bureaus of Community Mental Health and Substance Abuse Services:

	Number	Percent
Different treatment approaches and modalities	2	15.4%
Equal visibility and attention for both	6	46.2%
Different provider networks and constituency	6	46.2%
Differences in clients and their needs	3	23.1%
Maintain organizational visibility and status	4	30.8%
Avoid diverting resources from one program to the other	2	15.4%
Difficult for one bureau director to lead both	3	23.1%
Avoid disruption in reorganization	1	7.7%

Please list compelling reasons for merging the Bureau of Community Mental Health and the Bureau of Substance Abuse Services:

Better utilization of staff/reduced duplication	10	76.9%
Individuals with co-occurring disorders/joint treatment approaches	6	46.2%
Increase coordination/integration between MH/AODA programs	3	23.1%
Opportunities to broaden program approaches	1	7.7%
Better coordination/integration with counties	4	30.8%
Similarities in funding sources (e.g. Federal Block Grants)	2	15.4%
Promote uniformity in approaches	1	7.7%
Merger supports MH/AODA redesign initiative	2	15.4%
Benefits for clients, better services, etc.	1	7.7%
Could develop managed care approach involving both programs	1	7.7%
Prevention efforts could cut across both MH/AODA	0	0.0%

Please list the most significant challenges the process of merging the Bureau of Community Mental Health and the Bureau of Substance Abuse Services would present:

How to integrate current functions to operate cohesively	6	46.2%
Acceptance from external stakeholders	8	61.5%
Overcoming staff resistance to change	5	38.5%
Recognize, maintain different treatment modalities	0	0.0%
Assuring that MH and AODA priorities are maintained	3	23.1%
Maintain program expertise and credibility in both areas	2	15.4%
Difficult for administrator to administer both	3	23.1%
Assure that both MH/AODA receive appropriate funding	3	23.1%
Assuring that both have adequate management attention	2	15.4%
Time and disruption of reorganizing	1	7.7%
Recognizing differences in clients and client needs	0	0.0%
Loss of specialization, expertise and organizational memory	1	7.7%
Assuring strong planning and data capabilities	0	0.0%

The Division of Supportive Living should merge the Bureau of Community Mental Health and the Bureau of Substance Abuse Services into a single Bureau:

	Number	Percent
Strongly Agree	0	0.0%
Agree	4	30.8
No Opinion	4	30.8
Disagree	3	23.1
Strongly Disagree	2	15.4
Total	13	100%

All Staff (Composite response from staff.)

Please list compelling reasons for maintaining separate Bureaus of Community Mental Health and Substance Abuse Services:

	Number
Different treatment approaches and modalities	2
Equal visibility and attention for both	2
Different provider networks and constituency	2
Differences in clients and their needs	2
Maintain organizational visibility and status	2
Avoid diverting resources from one program to the other	1
Difficult for one bureau director to lead both	1
Avoid disruption in reorganization	0

Please list compelling reasons for merging the Bureau of Community Mental Health and the Bureau of Substance Abuse Services:

Better utilization of staff/reduced duplication	2
Individuals with co-occurring disorders/joint treatment approaches	2
Increase coordination/integration between MH/AODA programs	2
Opportunities to broaden program approaches	2
Better coordination/integration with counties	0
Similarities in funding sources (e.g. Federal Block Grants)	0
Promote uniformity in approaches	1
Merger supports MH/AODA redesign initiative	1
Benefits for clients, better services, etc.	0
Could develop managed care approach involving both programs	0
Prevention efforts could cut across both MH/AODA	0

Please list the most significant challenges the process of merging the Bureau of Community Mental Health and the Bureau of Substance Abuse Services would present:

How to integrate current functions to operate cohesively	2
Acceptance from external stakeholders	1
Overcoming staff resistance to change	1
Recognize, maintain different treatment modalities	1
Assuring that MH and AODA priorities are maintained	1
Maintain program expertise and credibility in both areas	2
Difficult for administrator to administer both	1
Assure that both MH/AODA receive appropriate funding	1
Assuring that both have adequate management attention	2
Time and disruption of reorganizing	0
Recognizing differences in clients and client needs	1
Loss of specialization, expertise and organizational memory	0
Assuring strong planning and data capabilities	0

The Division of Supportive Living should merge the Bureau of Community Mental Health and the Bureau of Substance Abuse Services into a single Bureau:

	Number	Percent
Strongly Agree	2	8.7%
Agree	1	4.3
No Opinion	4	17.4
Disagree	4	17.4
Strongly Disagree	12	52.2
Total	23	100%

Mental Health Staff (Composite response from staff.)

Please list compelling reasons for maintaining separate Bureaus of Community Mental Health and Substance Abuse Services:

	Number
Different treatment approaches and modalities	1
Equal visibility and attention for both	1
Different provider networks and constituency	1
Differences in clients and their needs	1
Maintain organizational visibility and status	1
Avoid diverting resources from one program to the other	1
Difficult for one bureau director to lead both	1
Avoid disruption in reorganization	0

Please list compelling reasons for merging the Bureau of Community Mental Health and the Bureau of Substance Abuse Services:

Better utilization of staff/reduced duplication	1
Individuals with co-occurring disorders/joint treatment approaches	1
Increase coordination/integration between MH/AODA programs	1
Opportunities to broaden program approaches	1
Better coordination/integration with counties	0
Similarities in funding sources (e.g. Federal Block Grants)	0
Promote uniformity in approaches	1
Merger supports MH/AODA redesign initiative	1
Benefits for clients, better services, etc.	0
Could develop managed care approach involving both programs	0
Prevention efforts could cut across both MH/AODA	0

Please list the most significant challenges the process of merging the Bureau of Community Mental Health and the Bureau of Substance Abuse Services would present:

How to integrate current functions to operate cohesively	1
Acceptance from external stakeholders	1
Overcoming staff resistance to change	1
Recognize, maintain different treatment modalities	0
Assuring that MH and AODA priorities are maintained	1
Maintain program expertise and credibility in both areas	1
Difficult for administrator to administer both	1
Assure that both MH/AODA receive appropriate funding	1
Assuring that both have adequate management attention	1
Time and disruption of reorganizing	0
Recognizing differences in clients and client needs	0
Loss of specialization, expertise and organizational memory	0
Assuring strong planning and data capabilities	0

The Division of Supportive Living should merge the Bureau of Community Mental Health and the Bureau of Substance Abuse Services into a single Bureau:

	Number	Percent
Strongly Agree	1	11.1%
Agree	1	11.1
No Opinion	4	44.4
Disagree	0	0.0
Strongly Disagree	3	33.3
Total	9	100%

Substance Abuse Staff (Composite response from staff.)

Please list compelling reasons for maintaining separate Bureaus of Community Mental Health and Substance Abuse Services:

	Number
Different treatment approaches and modalities	1
Equal visibility and attention for both	1
Different provider networks and constituency	1
Differences in clients and their needs	1
Maintain organizational visibility and status	1
Avoid diverting resources from one program to the other	0
Difficult for one bureau director to lead both	0
Avoid disruption in reorganization	0

Please list compelling reasons for merging the Bureau of Community Mental Health and the Bureau of Substance Abuse Services:

Better utilization of staff/reduced duplication	1
Individuals with co-occurring disorders/joint treatment approaches	1
Increase coordination/integration between MH/AODA programs	1
Opportunities to broaden program approaches	1
Better coordination/integration with counties	0
Similarities in funding sources (e.g. Federal Block Grants)	0
Promote uniformity in approaches	0
Merger supports MH/AODA redesign initiative	0
Benefits for clients, better services, etc.	0
Could develop managed care approach involving both programs	0
Prevention efforts could cut across both MH/AODA	0

Please list the most significant challenges the process of merging the Bureau of Community Mental Health and the Bureau of Substance Abuse Services would present:

How to integrate current functions to operate cohesively	1
Acceptance from external stakeholders	0
Overcoming staff resistance to change	0
Recognize, maintain different treatment modalities	1
Assuring that MH and AODA priorities are maintained	0
Maintain program expertise and credibility in both areas	1
Difficult for administrator to administer both	0
Assure that both MH/AODA receive appropriate funding	0
Assuring that both have adequate management attention	1
Time and disruption of reorganizing	0
Recognizing differences in clients and client needs	1
Loss of specialization, expertise and organizational memory	0
Assuring strong planning and data capabilities	0

The Division of Supportive Living should merge the Bureau of Community Mental Health and the Bureau of Substance Abuse Services into a single Bureau:

	Number	Percent
Strongly Agree	1	7.1
Agree	0	0.0
No Opinion	0	0.0
Disagree	4	28.6
Strongly Disagree	9	64.3
Total	14	100%

Appendix D - MERGER FEASIBILITY INTERVIEW RESULTS
10 interview sessions conducted for this purpose
17 open-ended questions per interview
COMPLIATION OF RESULTS BY FREQUENCY OF RESPONSE

KEY SIMILARITIES IN POPULATIONS

	Number	**Percent**
Long-term/chronic	4	40%
Intensive case management	1	10%
Women and children	2	20%
Involvement with criminal justice system	5	50%
Stigma	5	50%
Poverty/underserved/victimization	5	50%
Family/lack of support	3	30%
Dual-diagnosis/co-occurring	6	60%
County/community service providers	2	20%
No	1	10%
Cost	2	20%
Ancillary services	2	20%

CRITICAL DIFFERENCES IN POPULATIONS SERVED

	Number	Percent
Prevalence/severity	9	90%
Treatment philosophy	9	90%
Causation/precipitating factors	4	40%
Stigma	3	30%
Access to services	1	10%
Funding/resources	3	30%
Regulations/legal	2	20%

SIMILARITIES BETWEEN PROGRAMS

	Number	**Percent**
Treatment/recovery	6	60%
Wraparound	3	30%
Special populations	2	20%
Dual-diagnosis/co-occurring	3	30%
Resources	2	20%
Conditional, based on severity	1	10%

SUBSTANTIAL DIFFERENCES IN PROGRAMS

	Number	**Percent**
Treatment/recovery	8	80%
Special populations	4	40%
Wraparound	1	10%
Co-morbidity	2	20%
Support	4	40%
Knowledge/credentialing	3	30%
Diversity	1	10%
SYNAR/funding	1	10%
Changes	1	10%
Networking	1	10%

FUTURE PROGRAMMING ENCOURAGED UNDER SINGLE BUREAU

	Number	Percent
Special populations	3	30%
Cross-training	3	30%
Access to services	1	10%
None	2	20%
Leadership	4	40%
Dual-diagnosis	5	50%
More creative services/treatment	4	40%
Funding	1	10%
Priorities	1	10%

FUTURE PROGRAMMING – MORE EFFICIENT THROUGH DISTINCT BUREAUS

	Number	Percent
Still some issues that need cooperation	4	40%
Treatment	3	30%
"Firepower"	1	10%
Won't save money in short run/funding	3	30%
Philosophical parity	2	20%
Not broken	2	20%
Knowledge	1	10%

BENEFITS IF BUSINESS PRACTICES WERE STREAMLINED

	Number	Percent
Funding	2	20%
Information/memos	3	30%
Staffing	2	20%
Streamlining/simplifying	3	30%
None	5	50%

BUSINESS PRACTICES THAT SHOULD REMAIN SEPARATE

	Number	Percent
Staff knowledge/training	4	40%
Dilute services/advocacy	3	30%
Limit addictions	1	10%
Too tough to split services	3	30%
Won't create efficiencies	3	30%
Regulations	1	10%
Funding	2	20%

FUNDING PROCESS SIMILARITIES

	Number	Percent
Community AIDS	2	20%
Grants	4	40%
Contracts	1	10%
Accountability	1	10%
Government funding	2	20%
No	1	10%
Not sure	2	20%

FUNDING PROCESS DIFFERENCES

	Number	Percent
Medicaid	3	30%
Grants	3	30%
Unique funding by services	6	60%
Community AIDS	2	20%
Keep separate	2	20%

ADVOCACY IMPROVEMENTS IF MERGED

	Number	Percent
Strength in numbers	6	60%
AODA benefit from MH experience	4	40%
New funding	2	20%
Coordinate/better understanding	2	20%
Holistic approach	1	10%
May not	3	30%

NEGATIVE IMPACT ON ADVOCACY IF MERGED

	Number	Percent
Identity	6	60%
Parity	8	80%
Number of issues	3	30%

REGULATORY COMPONENT IMPROVEMENTS THROUGH THE MERGER

	Number	Percent
MH faster	3	30%
Share information/technology	2	20%
Standards	3	30%
None	2	20%
Single client record	1	10%
Fees	1	10%
Certification/licensure	3	30%

NEGATIVE IMPACT ON REGULATIONS IF MERGED

	Number	Percent
Reduced quality	4	40%
Lose distinctions	4	40%
Slower to change	3	30%
Impact on staffing	3	30%

Appendix E – Views Related to Merging the Bureaus of Community Mental Health and Substance Abuse Services, and Views Related to Keeping Them Separate

This attachment lists views related to merging BCMH and BSAS, and views related to keeping them separate. These views have been compiled from comments made by internal and external stakeholders and staff who took part in the written survey and in the interviews, as well as opinions expressed during the discussions of the Committee.

Reasons to Support the Merger of BCMH and BSAS

Would allow integration and coordination of substance abuse and mental health services.

Many clients of substance abuse or mental health programs are dually diagnosed.

When mental and substance use disorders coexist, both diagnoses should be considered primary, with simultaneous primary treatment for each.

Merger would allow program planning and development and service delivery to occur in a more integrated, coordinated and effective manner.

Service delivery efforts could focus on total client needs rather than on separate substance abuse needs and/or mental health needs.

Client outcomes could be focused on the total client needs.

Would allow programs to be offered more efficiently.

Program development, strategic planning, program planning, block grant planning and implementation, development of standards, outcome and systems development, and the staffing of advisory councils could occur in an integrated manner.

Reduction of duplication and save staff time.

Coordinated system driven by shared set of core values.

Fiscally expedient in the budget crisis to consolidate management.

Coordination in times of limited resources may actually enhance services.

State would mirror what is occurring at the county human service level.

Opportunity to create and enhance the children and adolescent section to include AODA and mental health prevention.

Formal re-establishment of student assistance programs to address mental health and substance abuse prevention, intervention, and treatment services.

Both bureaus share a common struggling population of individuals who are incarcerated or have lengthy histories in the criminal justice system.

Increased opportunities for grant seeking at a federal level.

Coordination and distribution of numbered memo series.

Regulation and licensing could occur within the same department.

Human service directors would feel less fractured as they develop services.

Opportunities for re-draft of the administrative code for mental health, Chapter 51, to include the involvement of the AODA professional in the development of treatment plans and clinical staffing for those individuals who are dually diagnosed.

Combining the MH and AODA modules of the Human Service Reporting System (HSRS) into one data warehouse.

Provide a unified approach in educating and cross-training colleagues on diverse treatment approaches.

More consumer-oriented.

Provides more in-roads for legislative advocacy.

Ease of navigation through complicated bureaucratic issues.

Opportunity to put aside the differences between AODA and mental health.

Strategic planning efficiencies.

Can consolidate where consumer groups are represented on multiple committees in both bureaus.

BCMH is already short a number of staff -- the timing allows for recruitment for an integrated unit.

Reduction of stigma reinforced by professional in mental health and AODA.

Survey of staff in BCMH already suggests a need for revamping of structure.

While there may not have been sufficient "compelling reasons" to merge, there is not an adequate listing of reasons not to merge, either.

Opportunity for leadership in developing a future look at provision of care for mental health and AODA.

Developing a plan to better coordinate is only a "band aid" and does not go far enough.

Previous studies support the concept of merger.

Reasons to Maintain Separate Bureaus

Different treatment approaches and modalities

There would be equal visibility and attention to both if were maintained separately.

There are different provider networks and constituency.

Client populations differ as well as their clinical needs.

Unlikely to find leadership that could represent both areas fairly.

Merger would be too disruptive to programs, client populations, advocacy groups and staff.

The merger would not save dollars sufficient to justify savings as a rationale.

Staffing of both bureaus already compromised and there would not be efficiencies gained.

The mental health problems in the current AODA population are not in the purview of the BCMH population.

There are ways to streamline services and provide efficiencies without merger.

There are not sufficient compelling reasons to support the merger.

There is not a driving force from constituents giving any hint of the need for merger prior to the vacancies of the Bureau directors.

Previous studies have not supported merger

Charge and majority of clients are vastly different.

Merger would decrease visibility and dilute effective service planning and implementation.

BCMH relates to significant numbers of major program initiatives that differ from BSAS.

Merger would result in a scattered and fragmented mission because of program variances.

57% of both BCMH and BSAS external and internal partners oppose merger.

The division must adhere to our own values and heed the information to remain distinct.

Future professional business interactions would be impacted if the opposition was ignored.

Focus of services is different in each Bureau.

BSAS tends to serve through the concept of early intervention while BCMH has a focus on serious and persistent mental illness.

The concept of "recovery" is addressed differently by each Bureau.

There are critical differences about views of medication utilization in the course of treatment between the Bureaus.

There are no compelling reasons beyond fiscal and that impact may be negligible.

Mission

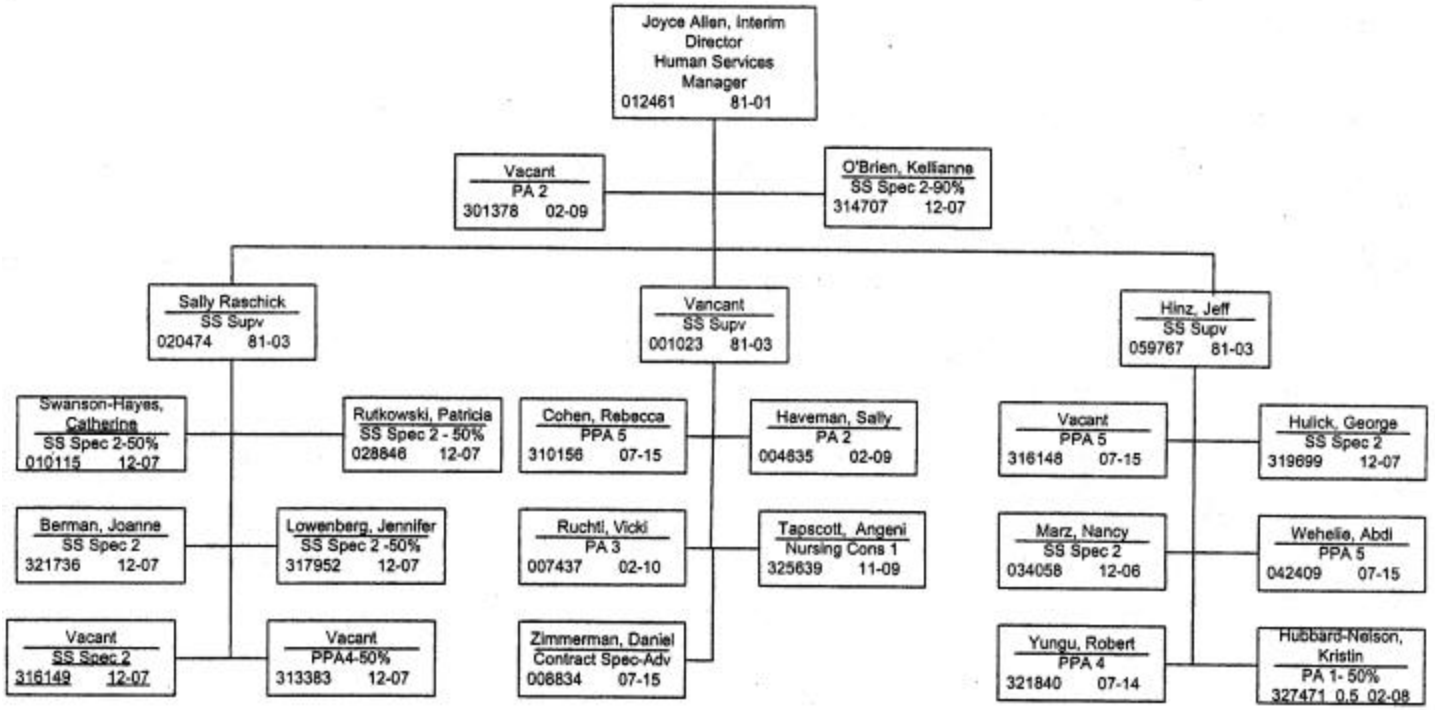
The Bureau of Community Mental Health is the designated state mental health authority responsible for the direction of public mental health services in Wisconsin with an emphasis on serving adults with severe and persistent mental illnesses and children with severe emotional disturbance. Recognizing that Wisconsin's public mental health system is based on local control, BCMH carries out its mission through collaboration with counties, providers, consumers, and their families. We set policies, program directions and standards and develop funding mechanisms that foster the development of state of the art mental health service approaches. We accomplish this through long and short term planning, evaluation and data collection, as well as program oversight and monitoring. We provide technical assistance and consultation to assist in the development of high quality services that are directed by wishes and preferences of families and consumers. All of our activities are designed to promote positive attitudes about the people we serve and their abilities and potential.

We collaborate with and educate elected officials and other state and federal agencies about the needs of the people we serve so they develop funding streams, policy directions and service programs that assist our consumers to lead satisfying lives in least restrictive settings in their home communities. It is also our responsibility to collaborate with educational institutions to ensure that the students they are training for the mental health field possess the kinds of skills and knowledges that are needed to deliver modern mental health services.

Last Revised: *July 20, 2001*

May 2002

Bureau of Community Mental Health



Total Positions: 24
FTE: 22.4

Addiction Home
Programs / Services
HFS 75 / UPC
Alerts: News/Drugs /Funding
Conferences / Training
Publications
Recovery
State Council on AODA
Links
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About Addiction Services on the Web

Addiction Services on the web is maintained by the Bureau of Substance Abuse Services (BSAS), located in the Division of Supportive Living.

The Bureau The Bureau's 22 staff function in two sections within its organizational structure: Program, Planning, Evaluation and Monitoring and Program and Systems Development.strives to improve coordination among state agencies having responsibilities for substance abuse services, increase the quantity and quality of intervention and treatment programs, improve access to services for high-risk and underserved populations; further strengthen the county and local substance abuse delivery system, and provide staffing to the Governor's appointed 22-member State Council on Alcohol and Other Drug Abuse and its five standing committees.

The substance abuse field in Wisconsin is comprised of both single and multi-program certified publicly funded substance abuse service agencies; there are approximately 65,000 individuals receiving publicly funded substance abuse services. Major initiatives of the Bureau are as follows:

In addition to the initiatives listed below, the Bureau of Substance Abuse Services is focusing on the following major themes for the next biennium:

Major Themes for 2002 and beyond

- Intoxicated Driver Program
- Substance abuse among the aging population
- Pregnant women and women with children
- Reduction in the purchase of tobacco products by persons under 18 years of age
- Increasing positive treatment outcomes
- Stigma reduction and consumer participation
- Educating and informing professionals and the community about addiction as a public health issue through training events, the web site, media campaigns, and written materials.

Ongoing Initiatives

The Wisconsin Consumer Initiative on Addiction and Recovery: It is the mission of the Initiative to get the word out that addiction is a preventable, treatable medical illness. With the current research on

Expand Training for Substance Abuse Professionals: To provide certification, academic linkages/degree programs and reimbursement.

Co-Occurring Substance Abuse and Mental Health: To increase program initiatives to serve people with a variety of dual diagnoses.

Special Populations: To ensure access to services for people with substance abuse from special population groups, to include women, homeless, seniors and ethnic and racial minorities.

Substance Abuse Administrative Rule Revision: HFS 75, the Substance Abuse Standards, became law on August 1, 2000. Work continues in interpreting policies and procedures.

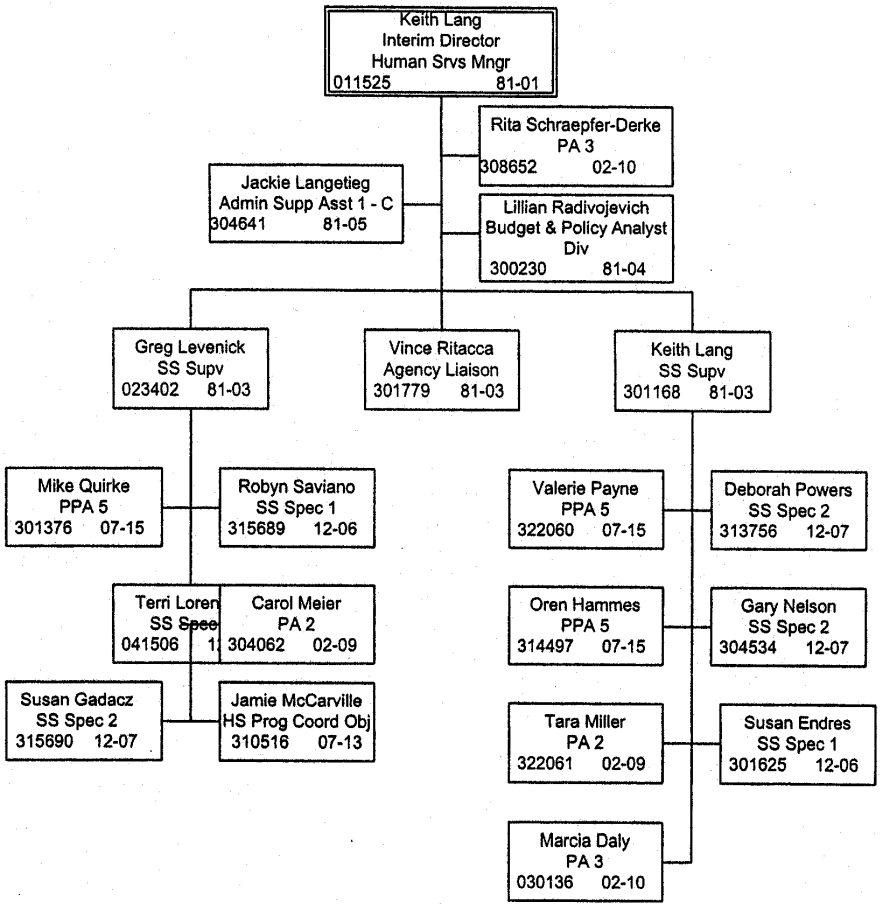
Maintain target compliance with the "Synar" Amendment: Tobacco regulations (P.L. 102-321, Final Rule of Section 1926 of the Public Health Service Act) require states to conduct random unannounced inspections and report annually to the DHFS Secretary describing strategies, activities and extent of success.

Staff List

Last Revised: *June 03, 2002*

Bureau of Substance Abuse Services

May 2002



Total FTE: 20